

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF TEXAS
WACO DIVISION

BRENDA HANSHAW,

Plaintiff,

v.

AMERICAN HERITAGE LIFE
INSURANCE COMPANY,

Defendant.

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C.A. No. 6:16-cv-82

INDEX OF STATE COURT DOCUMENTS

Defendant submits the index of state court documents as follows:

Ex.	Document	Date Filed
A	Plaintiff's Original Petition	12/30/2015
B	Citation request	03/07/2016
C	Citation issued	03/07/2016
D	Service of Process Transmittal with Citation and Petition, as served on Defendant	03/10/2016
E	Defendant's Original Answer	03/31/2016

Dated: April 8, 2016

Respectfully submitted,

By: /s/ Andrew G. Jubinsky

Andrew G. Jubinsky
Texas Bar No. 11043000
andy.jubinsky@figdav.com
Daniel M. Branum
Texas Bar No. 24064496
dan.branum@figdav.com

FIGARI + DAVENPORT, L.L.P.

901 Main Street, Suite 3400
Dallas, Texas 75202
Telephone: (214) 939-2000
Facsimile: (214) 939-2090

ATTORNEYS FOR DEFENDANT

CERTIFICATE OF SERVICE

This is to certify that a true and correct copy of the foregoing document has been served on the parties listed below on April 8, 2016.

Joe Cannon
joe@cannonandwilson.com
Cannon & Wilson, P.C.
215 W. State Street
P.O. Box 109
Groesbeck, Texas 76642

/s/ Andrew G. Jubinsky
Andrew G. Jubinsky

CAUSE NO. 30,806-B

BRENDA HANSHAW	§	IN THE DISTRICT COURT
VS.	§	<u>87</u> TH JUDICIAL DISTRICT
AMERICAN HERITAGE LIFE INSURANCE COMPANY	§	LIMESTONE COUNTY, TEXAS

PLAINTIFF'S ORIGINAL PETITION

Comes now Brenda Hanshaw, surviving widow of Van Hanshaw, Deceased, as Plaintiff, complaining of American Heritage Life Insurance Company, hereinafter called defendant and for cause of action would show the Court the following.

I.

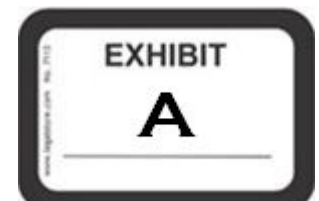
Plaintiff is a resident of Limestone County, Texas. Defendant is a life insurance company, authorized to transact business in the State of Texas. Service may be obtained by serving its registered agent and/or the Secretary of State.

II.

Plaintiff, Brenda Hanshaw, would show that on or about August 2002 and November 2011, her husband, Van Hanshaw, now deceased entered into two separate contracts with Defendant. The insurance policies, terms and conditions are well known to the Defendant and said Defendant is here and now given notice to produce same in Court or secondary evidence will be produced to prove the contents of same. Said policies provided for payment to Plaintiff's in Limestone County, Texas and Plaintiff's Insurance Company transacts business in Limestone County, Texas.

III.

Plaintiff, Brenda Hanshaw, would show that she and her husband complied with the terms and conditions and paid the premiums when same became due. On the contrary, however, Defendant herein breached said contract of insurance by failing and refusing to pay benefits under said policy.



IV.

That under the terms of the policy of insurance Van Hanshaw contracted, in payment for a monthly premium as set out in said policy of insurance which said premium was paid to defendant, was entitled to receive indemnities as provided in said policy for loss caused by hospital confinement and other specified expenses resulting directly and independently of all other causes from accidental bodily injury or any illness sustained during any term of this policy, as more fully set out in the policy. That the policy then provided for certain daily hospital indemnity operating room expense, surgical dressings, castings, anesthetics, medicines, penicillin, laboratory service, x-rays, medical and ambulance benefits and surgical benefits, all as more fully set out in said policy, and reference to which here is made for all purposes.

V.

A majority of charges are listed in a statement provided by Plaintiff to the Insurance Company marked Exhibit "A" attached hereto and incorporated herein for the limited purpose of reflecting charges incurred by the insured, Van Hanshaw. That as a direct and proximate result of his conditions he incurred many and substantial hospital, medical, surgical and ambulance expenses which said charges were the reasonable, usual and customary charges made by the hospital, the doctors and the ambulance respectively, and such services and materials were reasonable and necessary to the care of Van Hanshaw.

VI.

That by virtue of said policy of insurance, the defendant became liable to plaintiff under the terms of said policy, and obligated itself to pay during the life of said policy.

VII.

Plaintiff would show that under the terms of said policy she made claim and furnished proof of loss for the time required by law, and within a reasonable time, and within the time provided within the policy. That the defendant failed and refused to pay said claim.

VIII.

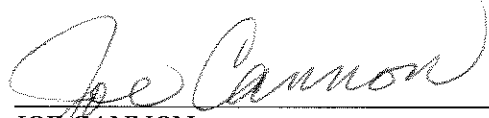
That as a result of Defendants insurance company's failure and refusal to pay Plaintiff under the policy of insurance, Plaintiff was forced to secure the services of the Cannon & Wilson, Attorneys at Law, 215 W. State Street, Groesbeck, Texas and agreed to pay the said attorneys a reasonable fee for the prosecution and collection of such loss and damages under the terms of said policies. Under the provisions of the Insurance Code of Texas, Article 3.62, the

defendant has become liable to plaintiff as a result of said delay, in addition to the loss of terms of said policy, the sum of 12% damages on the amount of such loss, together with reasonable attorneys fees for the prosecution and collection of said loss.

That as a result thereof, defendant has become liable to the plaintiff in excess of \$50,000.00, and reasonable attorneys fees for the preparation and trial in this Court.

Wherefore, premises considered, Plaintiff prays that the Plaintiff be awarded a judgment against Defendant for the prosecution and collection of such loss and damages as a result of the delay, in addition to the loss of terms of said policy, the sum of 12% damages on the amount of such loss, together with reasonable attorneys fees for the prosecution and collection of said loss with the additional sum of at least \$3,000.00, (6%), as provided by Article 3.62, together with interest thereon from the date of judgment at the rate of 6% per annum, together with costs of suit, and such other and further relief and damage as they may show themselves entitled in the premises.

CANNON & WILSON, P.C.
215 W. State Street
P.O. Box 109
Groesbeck, Texas 76642
Tel: 254-729-3221
Fax: 254-729-8131



JOE CANNON
State Bar No. 03747000
Email: joe@cannonandwilson.com

**Allstate**

Benefits

American Heritage Life Insurance Company

1776 American Heritage Life Drive

Jacksonville, FL 32224-6687

If you have any questions about this notice or your claim, please call our Customer Service Department at 1-800-348-4489. To view a sample EOB and a description on how to read it, you can visit our website at www.allstatebenefits.com/mybenefits.



THE ESTATE OF VAN HANSHAW
C/O CANNON & WILSON, PC
215 W STATE ST. PO BOX 109
GROESBECK, TX 76642-0109

Patient Name	Check#:	Payment Amount
VAN HANSHAW	002516970	\$250.00

Stop waiting by the mailbox to see if your check is "in the mail". We can now deposit your claim benefit payment directly into your bank account. Log onto www.allstatebenefits.com/mybenefits to learn how Allstate Benefits can help you get your claim benefit payment faster.

EXPLANATION OF BENEFITS (EOB)

Policy #	Group #	Member Name	Claim #	Date
80M4145202	30000	THE ESTATE OF VAN HANSHAW	141828784	07/01/2014

Provider Name / Benefit Type	Type of Service	Service From	Service Through	Expense	Excluded Amount	Remark Code (See Below)	Benefit Amount
TX HEALTH DALLAS	MISCELLANEOUS EXPENSE	08/23/2012	08/23/2012	\$612.70	\$612.70	26	
TX HEALTH DALLAS	AMBULATORY SURGICAL CENTER	08/25/2012	08/25/2012	\$2,236.34	\$1,986.34	25 59	\$250.00
TX HEALTH DALLAS	AMBULATORY SURGICAL CENTER	01/11/2012	01/11/2012	\$6,772.61	\$6,772.61	53 59	
TX HEALTH DALLAS	AMBULATORY SURGICAL CENTER	01/25/2012	01/25/2012	\$6,901.25	\$6,901.25	53 59	
TX HEALTH DALLAS	AMBULATORY SURGICAL CENTER	03/14/2012	03/14/2012	\$6,653.25	\$6,653.25	53 59	
TX HEALTH DALLAS	MISCELLANEOUS EXPENSE	06/17/2012	06/17/2012	\$6,235.54	\$6,235.54	17 26	

Total Expense	Excluded Amount	FICA/SSI Withheld Amount	Premium Deducted	Benefit Offset	Benefit
\$29,411.69	\$29,161.69	\$0.00	\$0.00	\$0.00	\$250.00

Remark Code	Explanation of Remark Code
26	TYPE OF SERVICE NOT COVERED UNDER THE POLICY
25	EXCEEDS AMOUNT PAYABLE UNDER THE POLICY
59	SUBMIT SURGEON'S BILL WITH PROCEDURE CODE(S)
53	SUBMIT OPERATIVE REPORT FOR THIS DATE OF SERVICE
17	X-RAYS AND SCANS ARE NOT COVERED UNDER THE POLICY



Provider Name / Benefit Type	Type of Service	Service From	Service Through	Expense	Excluded Amount	Remark Code (See Below)	Benefit Amount
TEXAS ONCOLOGY PA	CHEMOTHERAPY / RADIATION	06/08/2011	06/10/2011	\$1,680.00	\$1,680.00	28	
TEXAS ONCOLOGY PA	CHEMOTHERAPY / RADIATION	06/13/2011	06/15/2011	\$1,680.00	\$1,680.00	28	
TEXAS ONCOLOGY PA	CHEMOTHERAPY / RADIATION	06/17/2011	06/17/2011	\$560.00	\$560.00	28	
TEXAS ONCOLOGY PA	CHEMOTHERAPY / RADIATION	06/20/2011	06/20/2011	\$560.00	\$560.00	28	
TEXAS ONCOLOGY PA	CHEMOTHERAPY / RADIATION	06/21/2011	06/21/2011	\$2,502.00	\$2,502.00	28	
TEXAS ONCOLOGY PA	CHEMOTHERAPY / RADIATION	06/21/2011	06/21/2011	\$560.00	\$560.00	28	
TEXAS ONCOLOGY PA	CHEMOTHERAPY / RADIATION	06/23/2011	06/23/2011	\$560.00	\$560.00	28	
TEXAS ONCOLOGY PA	CHEMOTHERAPY / RADIATION	06/16/2011	06/16/2011	\$560.00	\$560.00	28	
TRANSPORTATION	TRANSPORTATION - VEHICLE	05/24/2011	05/27/2011	\$120.00	\$0.00		\$120.00
TRANSPORTATION	TRANSPORTATION - VEHICLE	05/31/2011	06/03/2011	\$120.00	\$0.00		\$120.00
TRANSPORTATION	TRANSPORTATION - VEHICLE	06/06/2011	06/10/2011	\$150.00	\$0.00		\$150.00
TRANSPORTATION	TRANSPORTATION - VEHICLE	06/13/2011	06/17/2011	\$150.00	\$0.00		\$150.00
TRANSPORTATION	TRANSPORTATION - VEHICLE	06/20/2011	06/21/2011	\$60.00	\$0.00		\$60.00
TRANSPORTATION	TRANSPORTATION - VEHICLE	06/23/2011	06/23/2011	\$30.00	\$0.00		\$30.00

Total Expense	Excluded Amount	FICA/SSI Withheld Amount	Premium Deducted	Benefit Offset	Benefit
\$84,454.50	\$79,799.50	\$0.00	\$0.00	\$0.00	\$4,655.00

Remark Code	Explanation of Remark Code
89	SUBMIT FULLY ITEMIZED BILL FROM PROVIDER
26	TYPE OF SERVICE NOT COVERED UNDER THE POLICY
32	INTERMEDIATE ICU IS NOT COVERED
29	DUPLICATE - EXPENSE PREVIOUSLY CONSIDERED
28	PLAN MAXIMUM HAS BEEN PAID UNDER THE POLICY

**Allstate**

Benefits

American Heritage Life Insurance Company

1776 American Heritage Life Drive
Jacksonville, FL 32224-6687

If you have any questions about this notice or your claim, please call our Customer Service Department at 1-800-348-4489. To view a sample EOB and a description on how to read it, you can visit our website at www.allstatebenefits.com/mybenefits.



THE ESTATE OF VAN HANSHAW
C/O CANNON & WILSON PC
215 W STATE ST. PO BOX 109
GROESBECK, TX 76642-0109

6

Patient Name	Check#:	Payment Amount
VAN HANSHAW	002516281	\$4,655.00
Stop waiting by the mailbox to see if your check is "in the mail". We can now deposit your claim benefit payment directly into your bank account. Log onto www.allstatebenefits.com/mybenefits to learn how Allstate Benefits can help you get your claim benefit payment faster.		

EXPLANATION OF BENEFITS (EOB)

Policy #	Group #	Member Name	Claim #	Date
55V0352280	30000	THE ESTATE OF VAN HANSHAW	141768603	07/01/2014

Provider Name / Benefit Type	Type of Service	Service From	Service Through	Expense	Excluded Amount	Remark Code (See Below)	Benefit Amount
TX HEALTH DALLAS	HOSPITAL ROOM & BOARD	10/24/2011	11/16/2011	\$2,300.00	\$0.00		\$2,300.00
TX HEALTH DALLAS	INPATIENT DRUGS/MEDICINES	10/24/2011	11/16/2011	\$575.00	\$0.00		\$575.00
TX HEALTH DALLAS	ATTENDING PHYSICIAN/HOSP VISIT	10/24/2011	11/16/2011	\$1,150.00	\$0.00		\$1,150.00
TX HEALTH DALLAS	PHYSICAL/SPEECH THERAPY	10/24/2011	11/16/2011	\$2,195.50	\$2,195.50	89	
TX HEALTH DALLAS	INTENSIVE CARE BENEFIT	10/24/2011	11/16/2011	\$57,960.00	\$57,960.00	26 32	
TX HEALTH DALLAS	BLOOD & PLASMA	10/24/2011	11/16/2011	\$1,768.00	\$1,768.00	89	
TEXAS ONCOLOGY PA	CHEMOTHERAPY / RADIATION	06/01/2011	06/01/2011	\$560.00	\$560.00	29	
TEXAS ONCOLOGY PA	CHEMOTHERAPY / RADIATION	05/24/2011	05/24/2011	\$2,921.00	\$2,921.00	28	
TEXAS ONCOLOGY PA	CHEMOTHERAPY / RADIATION	05/24/2011	05/24/2011	\$560.00	\$560.00	28	
TEXAS ONCOLOGY PA	CHEMOTHERAPY / RADIATION	05/25/2011	05/27/2011	\$1,680.00	\$1,680.00	29 28	
TEXAS ONCOLOGY PA	CHEMOTHERAPY / RADIATION	05/31/2011	05/31/2011	\$560.00	\$560.00	29 28	
TEXAS ONCOLOGY PA	CHEMOTHERAPY / RADIATION	05/24/2011	05/24/2011	\$133.00	\$133.00	29 28	
TEXAS ONCOLOGY PA	CHEMOTHERAPY / RADIATION	06/01/2011	06/03/2011	\$1,680.00	\$1,680.00	29 28	
TEXAS ONCOLOGY PA	CHEMOTHERAPY / RADIATION	06/06/2011	06/07/2011	\$1,120.00	\$1,120.00	29 28	





Benefits

American Heritage Life Insurance Company
1776 American Heritage Life Drive
Jacksonville, FL 32224-6687

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If you have any questions about this notice or your claim, please call our Customer Service Department at 1-800-348-4489. To view a sample EOB and a description on how to read it, you can visit our website at www.allstatebenefits.com/mybenefits.



THE ESTATE OF VAN HANSHAW
1520 LCR 454
GROESBECK, TX 76642-2722

Patient Name	Check#:	Payment Amount
VAN HANSHAW	002682582	\$1,325.00

Stop waiting by the mailbox to see if your check is "in the mail". We can now deposit your claim benefit payment directly into your bank account. Log onto www.allstatebenefits.com/mybenefits to learn how Allstate Benefits can help you get your claim benefit payment faster.

EXPLANATION OF BENEFITS (EOB)

Policy #	Group #	Member Name	Claim #	Date
55V0352280	30000	THE ESTATE OF VAN HANSHAW	1414273871	12/24/2014

Provider Name / Benefit Type	Type of Service	Service From	Service Through	Expense	Excluded Amount	Remark Code (See Below)	Benefit Amount
HILL REGIONAL HOSPITAL	HOSPITAL ROOM & BOARD	10/17/2011	10/24/2011	\$700.00	\$0.00		\$700.00
HILL REGIONAL HOSPITAL	INPATIENT DRUGS/MEDICINES	10/17/2011	10/24/2011	\$175.00	\$0.00		\$175.00
HILL REGIONAL HOSPITAL	ATTENDING PHYSICIAN/HOSP VISIT	10/17/2011	10/24/2011	\$350.00	\$0.00		\$350.00
HILL REGIONAL HOSPITAL	PHYSICAL/SPEECH THERAPY	10/21/2011	10/21/2011	\$50.00	\$0.00		\$50.00
HILL REGIONAL HOSPITAL	PHYSICAL/SPEECH THERAPY	10/23/2011	10/23/2011	\$50.00	\$0.00		\$50.00
HILL REGIONAL HOSPITAL	CHEMOTHERAPY / RADIATION	10/17/2011	10/24/2011	\$195.00	\$195.00	28	

Total Expense	Excluded Amount	FICA/SSI Withheld Amount	Premium Deducted	Benefit Offset	Benefit
\$1,520.00	\$195.00	\$0.00	\$0.00	\$0.00	\$1,325.00

Remark Code	Explanation of Remark Code
28	PLAN MAXIMUM HAS BEEN PAID UNDER THE POLICY

All payments listed in this statement have been paid as of 12/24/2014. Keep this statement for income tax purposes as well as to ensure that your account has been properly credited. You are entitled to a review of the benefit determination if you have questions or do not agree. To obtain a review, submit your request in writing to the address below or you may call 1-800-348-4489. Your request should include your name, policy number and other identifying information shown on this form and the issues and comments you would like to have considered. You may also review documents pertinent to your claim. The written request for a review must be mailed or delivered within 60 days for non-ERISA plans (180 days for ERISA plans) following receipt of this explanation. We reserve the right to make a decision on this claim and future claims under the policy on the basis of any provision in the policy whether or not identified herein.



CANNON & WILSON, P.C.

ATTORNEYS AT LAW

215 W. STATE ST.

P. O. BOX 109

GROESBECK, TEXAS 76642

TELEPHONE: (254) 729-3221

FACSIMILE: (254) 729-8131

LEGAL@CANNONANDWILSON.COM

JOE CANNON
* MEDIATOR
JOE@CANNONANDWILSON.COM

R. SCOTT WILSON
SCOTT@CANNONANDWILSON.COM

March 7, 2016

Bari Uhl
Deputy Clerk at Limestone District Clerk
PO Box 230
Groesbeck, Texas 76642

RE: Cause No. 30,806-B
Brenda Hanshaw vs. American Heritage Life Insurance Company

Dear Bari:

Per our telephone conversation, please issue a new Citation with the following service address:

C T Corporation System
1999 Bryan Street Suite 900
Dallas, TX 75201-3136

Thank you,


JOE CANNON
JC/lh



THE STATE OF TEXAS

CITATION

CAUSE NO. 30,806-B

STATE OF TEXAS
COUNTY OF LIMESTONE

TO: AMERICAN HERITAGE LIFE INSURANCE COMPANY, REGISTERED AGENT, C T CORPORATION SYSTEM,
1999 BRYAN STREET, SUITE 900, DALLAS, TX 75201-3136, Defendant –GREETING

NOTICE TO DEFENDANT: *"You have been sued. You may employ an attorney. If you or your attorney does not file a written answer with the clerk who issued this citation by 10:00 a.m. on the Monday next following the expiration of twenty days after you were served this citation and petition, a default judgment may be taken against you.*

You are hereby commanded to appear before the Honorable 87th District Court of Limestone County, Texas to be held at the Courthouse in said County in the City of Groesbeck, Texas, by filing a written answer to the Plaintiff's Original Petition at or before 10 o'clock A.M. on the Monday next after the expiration of **20 days** after the date of service of this petition, a copy of which accompanies this citation in cause number **30,806-B**, styled as **BRENDA HANSHAW VS. AMERICAN HERITAGE LIFE INSURANCE COMPANY**, filed in said court on the 30th day of December, 2015.

The nature of Plaintiff's demand is fully shown by a true and correct copy of Plaintiff's Original Petition which accompanies this citation and made a part hereof.

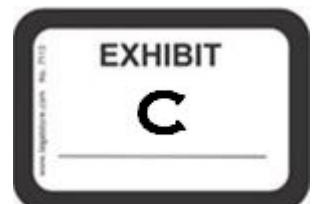
The name and address of the attorney for plaintiff, or the address of the plaintiff is:
ATTORNEY JOE CANNON, CANNON & WILSON P.C., P.O. BOX 109, GROESBECK, TX 76642-1719, 254-729-3221.

Issued and given under my hand and seal of said Court at office, this the 7th day of March, 2016.



CAROL JENKINS
Limestone County District Clerk
P.O. Box 230
Groesbeck, Texas 76642

By: Barri Uhl
Deputy Barri Uhl



OFFICER'S RETURN

CAUSE NO. 30,806-B, STYLE: BRENDA HANSHAW VS. AMERICAN HERITAGE LIFE INSURANCE COMPANY
87TH DISTRICT COURT OF LIMESTONE COUNTY, TEXAS

DIRECTED TO: AMERICAN HERITAGE LIFE INSURANCE COMPANY, REGISTERED AGENT, C T CORPORATION SYSTEM, 1999 BRYAN
STREET, SUITE 900, DALLAS, TX 75201-3136

DATE CITATION ISSUED: 03/07/2016

Came to hand on _____ day of _____ at _____ o'clock _____ M. and;

() executed it by delivering a copy of this citation with the date of delivery endorsed on it to defendant,

_____ in person on the _____ day of _____, 20____ at _____ o'clock _____ M.
at _____; or

() executed it by mailing a copy of the citation via registered/certified mail on the _____ day of _____, 20____
to defendant _____

_____ Attaching the return receipt, with the addressee's signature, to the return; or

() did not execute it because _____

Total Fees: \$ _____

Sheriff/Constable/District Clerk
of _____ County, Texas

By: _____
Deputy

COMPLETE IF YOU ARE A PERSON OTHER THAN A SHERIFF, CONSTABLE, OR CLERK OF THE COURT.

"My name is _____, my date of birth is _____, and my address is
_____.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

Declarant/Authorized Process Server

(Id # & expiration of certification)

THE STATE OF TEXAS

CITATION

CAUSE NO. 30,806-B

STATE OF TEXAS
COUNTY OF LIMESTONE

TO: **AMERICAN HERITAGE LIFE INSURANCE COMPANY, 1019 BRAZOS STREET, AUSTIN, TX 78701**, Defendant
—GREETING

NOTICE TO DEFENDANT: *"You have been sued. You may employ an attorney. If you or your attorney does not file a written answer with the clerk who issued this citation by 10:00 a.m. on the Monday next following the expiration of twenty days after you were served this citation and petition, a default judgment may be taken against you."*

You are hereby commanded to appear before the Honorable 87th District Court of Limestone County, Texas to be held at the Courthouse in said County in the City of Groesbeck, Texas, **by filing a written answer** to the Plaintiff's Original Petition at or before 10 o'clock A.M. on the Monday next after the expiration of **20 days** after the date of service of this petition, a copy of which accompanies this citation in cause number **30,806-B**, styled as **BRENDA HANSHAW VS. AMERICAN HERITAGE LIFE INSURANCE COMPANY**, filed in said court on the 30th day of December, 2015.

The nature of Plaintiff's demand is fully shown by a true and correct copy of Plaintiff's Original Petition which accompanies this citation and made a part hereof.

The name and address of the attorney for plaintiff, or the address of the plaintiff is:
JOE CANNON, P.O. BOX 109, GROESBECK, TX 76642, 254-729-3221.

Issued and given under my hand and seal of said Court at office, this the 31st day of December, 2015.



CAROL JENKINS
Limestone County District Clerk
P.O. Box 230
Groesbeck, Texas 76642

By: Barri Uhl
Deputy Barri Uhl

OFFICER'S RETURN

**CAUSE NO. 30,806-B, STYLE: BRENDA HANSHAW VS. AMERICAN HERITAGE LIFE INSURANCE COMPANY
87TH DISTRICT COURT OF LIMESTONE COUNTY, TEXAS**

DIRECTED TO: AMERICAN HERITAGE LIFE INSURANCE COMPANY, 1019 BRAZOS STREET, AUSTIN, TX 78701

DATE CITATION ISSUED: 12/31/2015

Came to hand on _____ day of _____ at _____ o'clock ____ M. and;

() executed it by delivering a copy of this citation with the date of delivery endorsed on it to defendant,

_____ in person on the _____ day of _____, 20____ at _____ o'clock ____ M.
at _____; or

() executed it by mailing a copy of the citation via registered/certified mail on the _____ day of _____, 20____
to defendant _____

_____ Attaching the return receipt, with the addressee's signature, to the return; or

() did not execute it because _____

Total Fees: \$ _____

Sheriff/Constable/District Clerk

of _____ County, Texas

By: _____
Deputy

COMPLETE IF YOU ARE A PERSON OTHER THAN A SHERIFF, CONSTABLE, OR CLERK OF THE COURT.

"My name is _____, my date of birth is _____, and my address is
_____.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

Declarant/Authorized Process Server

(Id # & expiration of certification)



**Service of Process
Transmittal**

03/10/2016

CT Log Number 528796565

TO: L&R Home Office Intake Unit
Allstate Insurance Company
2775 Sanders Rd # A2W
Northbrook, IL 60062-6110

RE: Process Served in Texas

FOR: American Heritage Life Insurance Company (Domestic State: FL)

ENCLOSED ARE COPIES OF LEGAL PROCESS RECEIVED BY THE STATUTORY AGENT OF THE ABOVE COMPANY AS FOLLOWS:

TITLE OF ACTION: BRENDA HANSHAW, Pltf. vs. American Heritage Life Insurance Company, Dft.

DOCUMENT(S) SERVED: Citation, Petition, Explanation(s)

COURT/AGENCY: 87th Judicial District Court Limestone County, TX
Case # 30806B

NATURE OF ACTION: Insurance Litigation - Claim for policy benefits

ON WHOM PROCESS WAS SERVED: C T Corporation System, Dallas, TX

DATE AND HOUR OF SERVICE: By Certified Mail on 03/10/2016 postmarked: "Not Post Marked"

JURISDICTION SERVED : Texas

APPEARANCE OR ANSWER DUE: By 10:00 a.m. on the Monday next after the expiration of 20 days after you were served

ATTORNEY(S) / SENDER(S): Joe Cannon
Cannon & Wilson, P.C.
215 W. State Street
P.O. Box 109
Groesbeck, TX 76642
254-729-3221

ACTION ITEMS: CT has retained the current log, Retain Date: 03/11/2016, Expected Purge Date: 03/16/2016

Image SOP

Email Notification, Jessica Tortorello jessica.tortorello@allstate.com

Email Notification, Aspen Sprague aspra@allstate.com

SIGNED: C T Corporation System

ADDRESS: 1999 Bryan St Ste 900
Dallas, TX 75201-3140

TELEPHONE: 214-932-3601

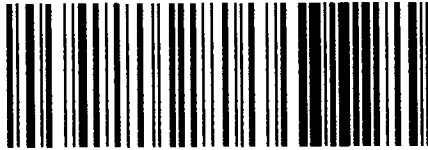


PO Box 45
Groesbeck, TX 76642

Case 6:16-cv-00982-WY Document 1-7 Filed 04/08/16 Page 16 of 26

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL



7015 0640 0004 6365 6090

LI CORPORATION SYSTEM

1999 Bryan Street

Suite 900

Dallas, Texas 75201-3136



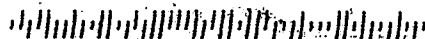
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GROESBECK, TX
76642
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THE STATE OF TEXAS

CITATION

CAUSE NO. 30,806-B

STATE OF TEXAS
COUNTY OF LIMESTONE

TO: AMERICAN HERITAGE LIFE INSURANCE COMPANY, REGISTERED AGENT, C T CORPORATION SYSTEM,
1999 BRYAN STREET, SUITE 900, DALLAS, TX 75201-3136, Defendant –GREETING

NOTICE TO DEFENDANT: *"You have been sued. You may employ an attorney. If you or your attorney does not file a written answer with the clerk who issued this citation by 10:00 a.m. on the Monday next following the expiration of twenty days after you were served this citation and petition, a default judgment may be taken against you."*

You are hereby commanded to appear before the Honorable 87th District Court of Limestone County, Texas to be held at the Courthouse in said County in the City of Groesbeck, Texas, by filing a written answer to the Plaintiff's Original Petition at or before 10 o'clock A.M. on the Monday next after the expiration of **20 days** after the date of service of this petition, a copy of which accompanies this citation in cause number **30,806-B**, styled as **BRENDA HANSHAW VS. AMERICAN HERITAGE LIFE INSURANCE COMPANY**, filed in said court on the 30th day of December, 2015.

The nature of Plaintiff's demand is fully shown by a true and correct copy of Plaintiff's Original Petition which accompanies this citation and made a part hereof.

The name and address of the attorney for plaintiff, or the address of the plaintiff is:

ATTORNEY JOE CANNON, CANNON & WILSON P.C., P.O. BOX 109, GROESBECK, TX 76642-1719, 254-729-3221.

Issued and given under my hand and seal of said Court at office, this the 7th day of March, 2016.



CAROL JENKINS
Limestone County District Clerk
P.O. Box 230
Groesbeck, Texas 76642

By: Barri Uhl
Deputy Barri Uhl

CAUSE NO. 30,806-B

BRENDA HANSHAW	§	IN THE DISTRICT COURT
VS.	§	<u>87</u> TH JUDICIAL DISTRICT
AMERICAN HERITAGE LIFE INSURANCE COMPANY	§	LIMESTONE COUNTY, TEXAS

PLAINTIFF'S ORIGINAL PETITION

Comes now Brenda Hanshaw, surviving widow of Van Hanshaw, Deceased, as Plaintiff, complaining of American Heritage Life Insurance Company, hereinafter called defendant and for cause of action would show the Court the following.

I.

Plaintiff is a resident of Limestone County, Texas. Defendant is a life insurance company, authorized to transact business in the State of Texas. Service may be obtained by serving its registered agent and/or the Secretary of State.

II.

Plaintiff, Brenda Hanshaw, would show that on or about August 2002 and November 2011, her husband, Van Hanshaw, now deceased entered into two separate contracts with Defendant. The insurance policies, terms and conditions are well known to the Defendant and said Defendant is here and now given notice to produce same in Court or secondary evidence will be produced to prove the contents of same. Said policies provided for payment to Plaintiff's in Limestone County, Texas and Plaintiff's Insurance Company transacts business in Limestone County, Texas.

III.

Plaintiff, Brenda Hanshaw, would show that she and her husband complied with the terms and conditions and paid the premiums when same became due. On the contrary, however, Defendant herein breached said contract of insurance by failing and refusing to pay benefits under said policy.

IV.

That under the terms of the policy of insurance Van Hanshaw contracted, in payment for a monthly premium as set out in said policy of insurance which said premium was paid to defendant, was entitled to receive indemnities as provided in said policy for loss caused by hospital confinement and other specified expenses resulting directly and independently of all other causes from accidental bodily injury or any illness sustained during any term of this policy, as more fully set out in the policy. That the policy then provided for certain daily hospital indemnity operating room expense, surgical dressings, castings, anesthetics, medicines, penicillin, laboratory service, x-rays, medical and ambulance benefits and surgical benefits, all as more fully set out in said policy, and reference to which here is made for all purposes.

V.

A majority of charges are listed in a statement provided by Plaintiff to the Insurance Company marked Exhibit "A" attached hereto and incorporated herein for the limited purpose of reflecting charges incurred by the insured, Van Hanshaw. That as a direct and proximate result of his conditions he incurred many and substantial hospital, medical, surgical and ambulance expenses which said charges were the reasonable, usual and customary charges made by the hospital, the doctors and the ambulance respectively, and such services and materials were reasonable and necessary to the care of Van Hanshaw.

VI.

That by virtue of said policy of insurance, the defendant became liable to plaintiff under the terms of said policy, and obligated itself to pay during the life of said policy.

VII.

Plaintiff would show that under the terms of said policy she made claim and furnished proof of loss for the time required by law, and within a reasonable time, and within the time provided within the policy. That the defendant failed and refused to pay said claim.

VIII.

That as a result of Defendants insurance company's failure and refusal to pay Plaintiff under the policy of insurance, Plaintiff was forced to secure the services of the Cannon & Wilson, Attorneys at Law, 215 W. State Street, Groesbeck, Texas and agreed to pay the said attorneys a reasonable fee for the prosecution and collection of such loss and damages under the terms of said policies. Under the provisions of the Insurance Code of Texas, Article 3.62, the

defendant has become liable to plaintiff as a result of said delay, in addition to the loss of terms of said policy, the sum of 12% damages on the amount of such loss, together with reasonable attorneys fees for the prosecution and collection of said loss.

That as a result thereof, defendant has become liable to the plaintiff in excess of \$50,000.00, and reasonable attorneys fees for the preparation and trial in this Court.

Wherefore, premises considered, Plaintiff prays that the Plaintiff be awarded a judgment against Defendant for the prosecution and collection of such loss and damages as a result of the delay, in addition to the loss of terms of said policy, the sum of 12% damages on the amount of such loss, together with reasonable attorneys fees for the prosecution and collection of said loss with the additional sum of at least \$3,000.00, (6%), as provided by Article 3.62, together with interest thereon from the date of judgment at the rate of 6% per annum, together with costs of suit, and such other and further relief and damage as they may show themselves entitled in the premises.

CANNON & WILSON, P.C.
215 W. State Street
P.O. Box 109
Groesbeck, Texas 76642
Tel: 254-729-3221
Fax: 254-729-8131



JOE CANNON
State Bar No. 03747000
Email: joe@cannonandwilson.com

**Allstate**

Benefits

American Heritage Life Insurance Company
 1776 American Heritage Life Drive
 Jacksonville, FL 32224-6687

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If you have any questions about this notice or your claim, please call our Customer Service Department at 1-800-348-4489. To view a sample EOB and a description on how to read it, you can visit our website at www.allstatebenefits.com/mybenefits.



THE ESTATE OF VAN HANSHAW
 C/O CANNON & WILSON, PC
 215 W STATE ST. PO BOX 109
 GROESBECK, TX 76642-0109

Patient Name	Check#:	Payment Amount
VAN HANSHAW	002516970	\$250.00

Stop waiting by the mailbox to see if your check is "in the mail". We can now deposit your claim benefit payment directly into your bank account. Log onto www.allstatebenefits.com/mybenefits to learn how Allstate Benefits can help you get your claim benefit payment faster.

EXPLANATION OF BENEFITS (EOB)

Policy #	Group #	Member Name	Claim #	Date
80M4145202	30000	THE ESTATE OF VAN HANSHAW	141828784	07/01/2014

Provider Name / Benefit Type	Type of Service	Service From	Service Through	Expense	Excluded Amount	Remark Code (See Below)	Benefit Amount
TX HEALTH DALLAS	MISCELLANEOUS EXPENSE	08/23/2012	08/23/2012	\$612.70	\$612.70	26	
TX HEALTH DALLAS	AMBULATORY SURGICAL CENTER	08/25/2012	08/25/2012	\$2,236.34	\$1,986.34	25 59	\$250.00
TX HEALTH DALLAS	AMBULATORY SURGICAL CENTER	01/11/2012	01/11/2012	\$6,772.61	\$6,772.61	53 59	
TX HEALTH DALLAS	AMBULATORY SURGICAL CENTER	01/25/2012	01/25/2012	\$6,901.25	\$6,901.25	53 59	
TX HEALTH DALLAS	AMBULATORY SURGICAL CENTER	03/14/2012	03/14/2012	\$6,653.25	\$6,653.25	53 59	
TX HEALTH DALLAS	MISCELLANEOUS EXPENSE	06/17/2012	06/17/2012	\$6,235.54	\$6,235.54	17 26	

Total Expense	Excluded Amount	FICA/SSI Withheld Amount	Premium Deducted	Benefit Offset	Benefit
\$29,411.69	\$29,161.69	\$0.00	\$0.00	\$0.00	\$250.00

Remark Code	Explanation of Remark Code
26	TYPE OF SERVICE NOT COVERED UNDER THE POLICY
25	EXCEEDS AMOUNT PAYABLE UNDER THE POLICY
59	SUBMIT SURGEON'S BILL WITH PROCEDURE CODE(S)
53	SUBMIT OPERATIVE REPORT FOR THIS DATE OF SERVICE
17	X-RAYS AND SCANS ARE NOT COVERED UNDER THE POLICY



Provider Name / Benefit Type	Type of Service	Service From	Service Through	Expense	Excluded Amount	Remark Code (See Below)	Benefit Amount
TEXAS ONCOLOGY PA	CHEMOTHERAPY / RADIATION	06/08/2011	06/10/2011	\$1,680.00	\$1,680.00	28	
TEXAS ONCOLOGY PA	CHEMOTHERAPY / RADIATION	06/13/2011	06/15/2011	\$1,680.00	\$1,680.00	28	
TEXAS ONCOLOGY PA	CHEMOTHERAPY / RADIATION	06/17/2011	06/17/2011	\$560.00	\$560.00	28	
TEXAS ONCOLOGY PA	CHEMOTHERAPY / RADIATION	06/20/2011	06/20/2011	\$560.00	\$560.00	28	
TEXAS ONCOLOGY PA	CHEMOTHERAPY / RADIATION	06/21/2011	06/21/2011	\$2,502.00	\$2,502.00	28	
TEXAS ONCOLOGY PA	CHEMOTHERAPY / RADIATION	06/21/2011	06/21/2011	\$560.00	\$560.00	28	
TEXAS ONCOLOGY PA	CHEMOTHERAPY / RADIATION	06/23/2011	06/23/2011	\$560.00	\$560.00	28	
TEXAS ONCOLOGY PA	CHEMOTHERAPY / RADIATION	06/16/2011	06/16/2011	\$560.00	\$560.00	28	
TRANSPORTATION	TRANSPORTATION - VEHICLE	05/24/2011	05/27/2011	\$120.00	\$0.00		\$120.00
TRANSPORTATION	TRANSPORTATION - VEHICLE	05/31/2011	06/03/2011	\$120.00	\$0.00		\$120.00
TRANSPORTATION	TRANSPORTATION - VEHICLE	06/06/2011	06/10/2011	\$150.00	\$0.00		\$150.00
TRANSPORTATION	TRANSPORTATION - VEHICLE	06/13/2011	06/17/2011	\$150.00	\$0.00		\$150.00
TRANSPORTATION	TRANSPORTATION - VEHICLE	06/20/2011	06/21/2011	\$60.00	\$0.00		\$60.00
TRANSPORTATION	TRANSPORTATION - VEHICLE	06/23/2011	06/23/2011	\$30.00	\$0.00		\$30.00

Total Expense	Excluded Amount	FICA/SSI Withheld Amount	Premium Deducted	Benefit Offset	Benefit
\$84,454.50	\$79,799.50	\$0.00	\$0.00	\$0.00	\$4,655.00

Remark Code	Explanation of Remark Code
89	SUBMIT FULLY ITEMIZED BILL FROM PROVIDER
26	TYPE OF SERVICE NOT COVERED UNDER THE POLICY
32	INTERMEDIATE ICU IS NOT COVERED
29	DUPLICATE - EXPENSE PREVIOUSLY CONSIDERED
28	PLAN MAXIMUM HAS BEEN PAID UNDER THE POLICY



American Heritage Life Insurance Company
1776 American Heritage Life Drive
Jacksonville, FL 32224-6687

If you have any questions about this notice or your claim, please call our Customer Service Department at 1-800-348-4489. To view a sample EOB and a description on how to read it, you can visit our website at www.allstatebenefits.com/mybenefits.



THE ESTATE OF VAN HANSHAW
C/O CANNON & WILSON PC
215 W STATE ST. PO BOX 109
GROESBECK, TX 76642-0109

Patient Name	Check#:	Payment Amount
VAN HANSHAW	002516281	\$4,655.00

Stop waiting by the mailbox to see if your check is "in the mail". We can now deposit your claim benefit payment directly into your bank account. Log onto www.allstatebenefits.com/mybenefits to learn how Allstate Benefits can help you get your claim benefit payment faster.

EXPLANATION OF BENEFITS (EOB)

Policy #	Group #	Member Name	Claim #	Date
55V0352280	30000	THE ESTATE OF VAN HANSHAW	141768603	07/01/2014

Provider Name / Benefit Type	Type of Service	Service From	Service Through	Expense	Excluded Amount	Remark Code (See Below)	Benefit Amount
TX HEALTH DALLAS	HOSPITAL ROOM & BOARD	10/24/2011	11/16/2011	\$2,300.00	\$0.00		\$2,300.00
TX HEALTH DALLAS	INPATIENT DRUGS/MEDICINES	10/24/2011	11/16/2011	\$575.00	\$0.00		\$575.00
TX HEALTH DALLAS	ATTENDING PHYSICIAN/HOSP VISIT	10/24/2011	11/16/2011	\$1,150.00	\$0.00		\$1,150.00
TX HEALTH DALLAS	PHYSICAL/SPEECH THERAPY	10/24/2011	11/16/2011	\$2,195.50	\$2,195.50	89	
TX HEALTH DALLAS	INTENSIVE CARE BENEFIT	10/24/2011	11/16/2011	\$57,960.00	\$57,960.00	26 32	
TX HEALTH DALLAS	BLOOD & PLASMA	10/24/2011	11/16/2011	\$1,768.00	\$1,768.00	89	
TEXAS ONCOLOGY PA	CHEMOTHERAPY / RADIATION	06/01/2011	06/01/2011	\$560.00	\$560.00	29	
TEXAS ONCOLOGY PA	CHEMOTHERAPY / RADIATION	05/24/2011	05/24/2011	\$2,921.00	\$2,921.00	28	
TEXAS ONCOLOGY PA	CHEMOTHERAPY / RADIATION	05/24/2011	05/24/2011	\$560.00	\$560.00	28	
TEXAS ONCOLOGY PA	CHEMOTHERAPY / RADIATION	05/25/2011	05/27/2011	\$1,680.00	\$1,680.00	29 28	
TEXAS ONCOLOGY PA	CHEMOTHERAPY / RADIATION	05/31/2011	05/31/2011	\$560.00	\$560.00	29 28	
TEXAS ONCOLOGY PA	CHEMOTHERAPY / RADIATION	05/24/2011	05/24/2011	\$133.00	\$133.00	29 28	
TEXAS ONCOLOGY PA	CHEMOTHERAPY / RADIATION	06/01/2011	06/03/2011	\$1,680.00	\$1,680.00	29 28	
TEXAS ONCOLOGY PA	CHEMOTHERAPY / RADIATION	06/06/2011	06/07/2011	\$1,120.00	\$1,120.00	29 28	





American Heritage Life Insurance Company
1776 American Heritage Life Drive
Jacksonville, FL 32224-6687

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Benefits

THE ESTATE OF VAN HANSHAW
1520 LCR 454
GROESBECK, TX 76642-2722

If you have any questions about this notice or your claim, please call our Customer Service Department at 1-800-348-4489. To view a sample EOB and a description on how to read it, you can visit our website at www.allstatebenefits.com/mybenefits.

Patient Name	Check#:	Payment Amount
VAN HANSHAW	002682582	\$1,325.00

Stop waiting by the mailbox to see if your check is "in the mail". We can now deposit your claim benefit payment directly into your bank account. Log onto www.allstatebenefits.com/mybenefits to learn how Allstate Benefits can help you get your claim benefit payment faster.

EXPLANATION OF BENEFITS (EOB)

Policy #	Group #	Member Name	Claim #	Date
55V0352280	30000	THE ESTATE OF VAN HANSHAW	1414273871	12/24/2014

Provider Name / Benefit Type	Type of Service	Service From	Service Through	Expense	Excluded Amount	Remark Code (See Below)	Benefit Amount
HILL REGIONAL HOSPITAL	HOSPITAL ROOM & BOARD	10/17/2011	10/24/2011	\$700.00	\$0.00		\$700.00
HILL REGIONAL HOSPITAL	INPATIENT DRUGS/MEDICINES	10/17/2011	10/24/2011	\$175.00	\$0.00		\$175.00
HILL REGIONAL HOSPITAL	ATTENDING PHYSICIAN/HOSP VISIT	10/17/2011	10/24/2011	\$350.00	\$0.00		\$350.00
HILL REGIONAL HOSPITAL	PHYSICAL/SPEECH THERAPY	10/21/2011	10/21/2011	\$50.00	\$0.00		\$50.00
HILL REGIONAL HOSPITAL	PHYSICAL/SPEECH THERAPY	10/23/2011	10/23/2011	\$50.00	\$0.00		\$50.00
HILL REGIONAL HOSPITAL	CHEMOTHERAPY / RADIATION	10/17/2011	10/24/2011	\$195.00	\$195.00	28	

Total Expense	Excluded Amount	FICA/SSI Withheld Amount	Premium Deducted	Benefit Offset	Benefit
\$1,520.00	\$195.00	\$0.00	\$0.00	\$0.00	\$1,325.00

Remark Code	Explanation of Remark Code
28	PLAN MAXIMUM HAS BEEN PAID UNDER THE POLICY

All payments listed in this statement have been paid as of 12/24/2014. Keep this statement for income tax purposes as well as to ensure that your account has been properly credited. You are entitled to a review of the benefit determination if you have questions or do not agree. To obtain a review, submit your request in writing to the address below or you may call 1-800-348-4489. Your request should include your name, policy number and other identifying information shown on this form and the issues and comments you would like to have considered. You may also review documents pertinent to your claim. The written request for a review must be mailed or delivered within 60 days for non-ERISA plans (180 days for ERISA plans) following receipt of this explanation. We reserve the right to make a decision on this claim and future claims under the policy on the basis of any provision in the policy whether or not identified herein.



CAUSE NO. 30,806-B

BRENDA HANSHAW,	§	IN THE DISTRICT COURT OF
	§	
Plaintiff,	§	
	§	
v.	§	LIMESTONE COUNTY, TEXAS
	§	
AMERICAN HERITAGE LIFE	§	
INSURANCE COMPANY,	§	
	§	
Defendant.	§	87 TH JUDICIAL DISTRICT

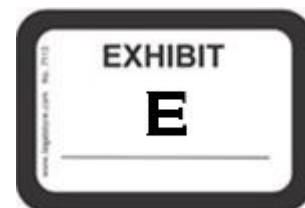
DEFENDANT'S ORIGINAL ANSWER

Defendant files its original answer, and states:

1. Subject to such admissions and stipulations as may be made at or before time of trial, Defendant denies generally and specially the material allegations in Plaintiff's Original Petition, pursuant to Tex. R. Civ. P. 92, and demands strict proof thereof in accordance with the requirements of the laws of this state.

2. Defendant requests the following relief:

- (a) That Plaintiff take nothing by reason of her suit;
- (b) That Defendant be dismissed with its costs; and
- (c) That Defendant have such other and further relief, both general and special, at law and in equity, to which it may show itself justly entitled.



Dated: March 31, 2016

Respectfully submitted,

By: /s/ Andrew G. Jubinsky

Andrew G. Jubinsky
Texas Bar No. 11043000
andy.jubinsky@figdav.com
Daniel M. Branum
Texas Bar No. 24064496
dan.branum@figdav.com

FIGARI + DAVENPORT, L.L.P.

901 Main Street, Suite 3400

Dallas, Texas 75202

Telephone: (214) 939-2000

Facsimile: (214) 939-2090

ATTORNEYS FOR DEFENDANT

CERTIFICATE OF SERVICE

This is to certify that a true and correct copy of the foregoing document has been served on the parties listed below on March 31, 2016.

Via efile.txcourts.gov:

Joe Cannon

joe@cannonandwilson.com

Cannon & Wilson, P.C.

215 W. State Street

P.O. Box 109

Groesbeck, Texas 76642

/s/ Andrew G. Jubinsky

Andrew G. Jubinsky